

Sullivan County NH

Type of meeting: Board of Commissioners, Regular Business Meeting

Date/Time: Tuesday, September 7, 2010 – Time: 3:17 PM

Place: Remington Woodhull County Complex – 14 Main Street, Newport NH, 1st Floor Commissioners Conference Room

Attendees: Commissioners Bennie Nelson – *Vice Chair* and Ethel Jarvis – *Clerk*, Greg Chanis – *County Administrator*, Carroll Davies French – *County Treasurer*, and Sharon Callum – *Administrative Assistant/Minute Taker*.

Absent from meeting: Commissioner Jeffrey Barrette.

3:17 It was noted the Chair would be absent from today's meeting; and the Vice Chair, Bennie Nelson, called the meeting to order.

Agenda Item No. 1. County Treasurer Report

Mr. French's noted his purpose, per RSA 29:8, is to attend today's Board of Commissioners meeting to seek their authorization to go out to bid for a \$5 Million dollar revolving line of credit, in order to maintain County operations, in anticipation of receipt of 2010 December taxes. He noted he, Mr. Chanis, and Deputy Treasurer Peter Lovely, have discussed the amount to borrow, and though four million would be sufficient at this time, Mr. Lovely advised they'd probably find no difference in interest rates. Accordingly, if approved by the Board, then by the Delegation on Friday Sep. 10th @ 9 AM, he'd send bid letters to a list of banks. As the current operating budget is \$28 million, and the request is over the 10% noted in RSA's, the full Delegation would need to authorize the borrowing request.

Commissioner Jarvis read verbatim from the following order:

ORDERED: That, the money in the Treasury of the County, being insufficient to meet the demands upon the same, the Treasurer is hereby authorized, pursuant to RSA 29:8 to borrow up to the sum of: **Five million dollars, \$5,000,000**, which is necessary for the purpose to continue County operations in anticipation of receipt of 2010 County taxes. We hereby certify that the County Treasurer appeared before us to testify in support of this request; of which this is a true copy of the order of the Commissioners of Sullivan County passed at a meeting held: **September 7, 2010** at 14, Main Street, Newport NH, of which all Commissioners were duly notified; of which a quorum was present.

3:21 Motion: [as noted in the order]. Made by: Jarvis. Seconded by: nelson. Voice vote: all in favor. Commissioner Barrette was absent from the vote.

Agenda Item No. 2. County Administrator's Report

Agenda Item No. 2.a. Sullivan County Health Care – Nursing Home Renewal Application

The Board reviewed the nursing home renewal application [Appendix A 1-4], as well as entire package to be returned to NH State HHS.

3:25 Motion: to authorize the Vice Chair to sign the renewal application. Made by: Jarvis. Seconded by: Nelson. Voice vote: all in favor. Comm. Barrette was absent from the vote.

Agenda 2.b. FY 10 Audit Update

Mr. Chanis distributed the General Fund Balance Sheet [Appendix B], which reflected Assets, Liabilities & Fund Equity, effective June 30, 2010. He highlighted on the Unreserved Fund Balance of \$2,576,817. The final numbers exceed their expectation.

Mr. Chanis predicts, when Executive Finance Committee sees the positive numbers; they will request a supplemental appropriation to fund the air conditioning at the nursing home, a line cut from the FY11 budget. A general discussion commenced on this type of request. Commissioner Nelson noted he was in favor of signaling the EFC to go ahead with the appropriation. Mr. Chanis confirmed he'd wait for the final audit numbers, and if the numbers remained the same, he'd indicate to EFC, the Commissioners would look positively on a supplemental.

Agenda Item No. 2.c. FY 10 county annual report

Ms. Callum e-mailed Commissioner Barrette a reminder for the report.

Agenda Item No. 2.d. SAMHSA Drug Free Communities Program Grant Award \$125,000 per year for 5 year period

Mr. Chanis distributed a draft press release from Liz Hennig pertaining to the SAMSHA / Drug Free Communities Program grant award approved of \$125,000 per year for a five (5) year period. He noted the majority of the award would pay for a staff member who reports to Ms. Hennig – the person will organize groups and perform prevention work functions throughout the region. He also pointed out, as recipient of DFC funding, additional funding opportunities are available to apply for.

Mr. Chanis noted, Mr. Warwick predicts we'll hear about the outcome of the Second Chance application by the end of September

Comm. Jarvis noted she attended the Unity School meeting today, which was attended by Governor Lynch and Senator Odell. She noted, Odell feels there is funding available through the State to assist in the building of the school, and Gov. Lynch assured attendees he would sign any bill to approve funding; the funding percentage received would be calculated on construction cost only, about 45%, which results in 1.3 million.

Comm. Nelson noted all Commissioners attended the [Aug. 31st] UNH Farm Bureau meeting held at the Ahern Building, as well as a good part of delegation, and Senators Odell and Houde.

Comm. Nelson noted he and Comm. Barrette viewed the shooting range site, when they attended a recent dinner at the Unity Complex.

Comms. Nelson noted he spoke recently to Don Clarke, who had noticed a lot of trash out by the shooting range.

Comm. Jarvis spoke briefly about an e-mail she received from Pat Barrette regarding someone, who attended the Unity annual supplemental meeting, being upset - "Scott Bond" spoke about getting volunteers from the County inmate program to help out with school things - yet, that person heard the Town of Unity rejected help from inmates in the past. Jarvis noted she e-mailed Ms. Barrette to explain the difference between the Town and School government.

Non Agenda Item County Law Enforcement Shooting Range Update

Mr. Chanis noted they are working on the design of the concrete shooting pads.

Agenda Item No. 4 Public Participation

There was no public participation.

Agenda Item No. 5. Meeting Minutes Review

Agenda Item No. 5.a. Aug 17, 2010 Public Meeting Minutes

3:59 Motion: to accept the Aug. 17 regular business meeting minutes of the Board of Commissioner. Made by: Jarvis. Seconded by: Nelson. Voice vote: all in favor. Comm. Barrette was absent from the vote.

4:00PM Motion: to adjourn the meeting. Made by: Nelson. Seconded by: Jarvis. Voice vote: all in favor.

Respectfully submitted,

A handwritten signature in cursive script, reading "Ethel Jarvis", written over a horizontal line.

Ethel Jarvis, Clerk
Board of Commissioners

EJ/s.j.c.

Date signed: 9-28-10



Tuesday Sep 7, 2010

Sullivan County NH, Board of Commissioners
Regular Business Meeting – AGENDA

Location: Newport Remington Woodhull County Complex
14 Main Street, Newport NH 03773

- | | | | | |
|------|-----------|----|----|--|
| 3:00 | PM – 3:20 | PM | 1. | County Treasurers' Request to Borrow
Per RSA 29:8 – Request to borrow in
anticipation of 2010 taxes for County
operations |
| 3:20 | PM – 3:40 | PM | 2. | County Administrator's Report
a. Sullivan County Health Care – Nursing Home
Renewal Application
b. CCC Budget Update
c. FY 10 Audit Update
d. FY 10 County Annual Report Update |
| 3:40 | PM – 3:55 | PM | 3. | Commissioners' Report |
| 3:55 | PM – 4:10 | PM | 4. | Public Participation |
| 4:10 | PM – 4:15 | PM | 5. | Meeting Minutes Review
a. Aug 17, 2010 Public Meeting Minutes |
| 4:15 | PM – 4:30 | PM | 6. | Probable Executive Session Per RSA 91-A:3.II.c
– Personnel Issue |
| 4:30 | PM | | 7. | Adjourn meeting |

The times reflected on this agenda, other than the start time, are estimates. Actual time will depend on level of interest and participation.



Upcoming Events / Meetings:

- **Sep. 6th Mon. Labor Day Holiday – Newport County Complex Closed**
- **Sep. 10th Fri. Delegation Executive Finance Committee Meeting**
 - **Time: 8:30 AM**
 - Place: Newport, 14 Main Street, 1st Flr. Commissioners Conf. Rm.
- **Sep. 10th Fri. Delegation Meeting**
 - **Time: 9:00 AM**
 - Place: Newport, 14 Main Street, 1st Flr. Commissioners Conf. Rm.
- **Sep 21st Tue. Next Board of Commissioners Meeting**
 - **Time: 3 PM**
 - Place: Unity, Sullivan County Health Care, 1st Floor Frank Smith Living Room, 5 Nursing Home Drive

The times reflected on this agenda, other than the start time, are estimates. Actual time will depend on level of interest and participation.

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF OPERATIONS SUPPORT
HEALTH FACILITIES ADMINISTRATION
129 Pleasant Street, Concord, NH 03301
TDD Access: Relay NH 1-800-735-2964
Agency Phone: 603-271-3021

APPENDIX A

APPLICATION FOR RESIDENTIAL OR HEALTH CARE LICENSE

LICENSE #: 00088

EXPIRATION DATE: 12/31/2010

THIS APPLICATION SHALL BE FILLED OUT IN ACCORDANCE WITH RSA 151:4. A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH LICENSURE CATEGORY. **PLEASE BE SURE TO COMPLETE THE ENTIRE APPLICATION.** IF A SECTION DOES NOT APPLY TO YOUR FACILITY MARK NOT APPLICABLE (N/A). FAILURE TO COMPLETE THE APPLICATION WILL RESULT IN A DELAY IN THE LICENSURE PROCESS. SEND THE COMPLETED FORM TO THE ADDRESS ABOVE.

Check all applicable items:

License renewal: ☒ New administrator: ☐ *New facility: ☐
**New facility name: ☐ *New owner: ☐ *Change in # of beds: ☐
*Change in classification: ☐ *Change in address: ☐ Other (please explain): ☐

* Requires processing as a new application.
** May require processing as a new application.

LICENSEE: Commissioners of Sullivan County TELEPHONE #: (603) 863-2560
NAME OF FACILITY: Sullivan County Health Care TELEPHONE #: (603) 542-9511
FAX #: (603) 542-9214
STREET ADDRESS: 5 Nursing Home Drive CITY: Unity STATE: N.H. ZIP: 03743
MAILING ADDRESS: Same as above CITY: _____ STATE: _____ ZIP: _____
ADMINISTRATOR: Ted J. Purdy
MEDICAL DIRECTOR (if applicable): Sameer Chinoy, MD
FACILITY E-MAIL ADDRESS: nursinghome@sullivancountynh.gov
LABORATORY DIRECTOR (if applicable): N/A
DAYS AND HOURS OF OPERATION: 24 Hours/7 Days per week

IF APPLICABLE:

NUMBER OF PATIENTS/CLIENTS SEEN PER DAY: _____
NUMBER OF ESRD STATIONS: PRESENTLY LICENSED _____ TO BE LICENSED _____
NUMBER OF BEDS: PRESENTLY LICENSED: 156 TOTAL # TO BE LICENSED: 156
ADDRESS, CITY AND STATE OF ANY BRANCH OFFICE (per He-P 801.08(h)) if applicable:

OWNERSHIP

a. Type of ownership: Association: ☐ Partnership: ☐
Corporation: ☐ Other (explain): ☒
Individual: ☐

- b. List name and address of each person having an ownership interest (directly or indirectly) of greater than 5% in the facility.
- c. If the licensee is organized as an association or corporation, list the name of the Corporation or association and the name, address and title of each officer.
- d. If the licensee is a partnership, list the name(s) and address(es) of all the partners.

Is this a certified facility? ☒ Yes ☐ No

If you are already a certified facility, is this an increase in services? If yes, please call 1-800-852-3345 ext. 4967

No

Are you planning on being a certified facility? If yes, please call 1-800-852-3345 ext. 4967

FEES:

Hospitals (General, CAH, Psychiatric, Rehabilitation)	\$25.00 per licensed bed
Nursing Homes	\$25.00 per licensed bed
Acute Psychiatric Residential Treatment Programs	\$25.00 per licensed bed
Residential Treatment and Rehabilitation Facilities	\$25.00 per licensed bed
Hospice Houses	\$25.00 per Licensed bed
Home Health Hospice Providers	\$250.00
Home Health Care Providers (809)	\$250.00
Personal Care Providers (822)	Less than 10 clients \$100.00, Ten or More clients \$250.00
Outpatient Clinics	\$500.00
End Stage Renal Dialysis Center	\$500.00
Ambulatory Surgical Centers	\$500.00
Educational Health Centers	\$500.00
Free Standing Emergency Rooms	\$500.00
Health Promotion Clinics	\$500.00
Adult Day Care Centers	\$200.00
Birthing Centers	\$150.00
Case Management Agencies	\$150.00

A check or money order (payable to: **STATE OF NEW HAMPSHIRE, TREASURER**), must be attached to this application.

Applications submitted by those facilities exempt under RSA 151:4 are not required to pay the license fee.

APPLICATION FOR LICENSE RENEWAL SHALL:

1. Be submitted at least 120 days prior to expiration of the current license.

2. Attach qualifications, including education, experience and copies of all applicable licenses for the administrator and medical director (if applicable).
3. Include information relative to whether the facility has been granted any exemptions to the rules by the director of the Department of Health and Human Services and/or the State Fire Marshal.
4. Community Residence must submit the information required by RSA 151:4 III (a)(4).

FACILITY SERVICE DESCRIPTION:

The following information will be used to determine which licensure category your facility shall be placed in.

- I. Provide a detailed description of the services and programs you wish to provide.
Private and semi-private room accommodations, meals and nourishment, nursing care and personal care items, recreational activities, physical, occupational and speech therapy, social services.
- *II. Describe the facility's health care you wish to provide to residents.
Skilled nursing care
- *III. Identify who will provide the health care listed in II.
Therapy by contrast
Nurses, dietary, social services, activities provided by county employees
- * To be completed if applying for beds.

SIGNATURES:

This application must be signed by:

1. the owner if a private facility;
2. 2 officers if a corporation;
3. 2 authorized individuals if an association or partnership;
4. the head of the government department if a government unit.

I swear or affirm that the information provided is accurate to the best of my knowledge and belief. The administrator and licensee have never pleaded guilty or been found guilty of abuse, neglect or exploitation by the Division of Elderly and Adult Services, Division of Children and Youth Services or Long Term Care Ombudsman Program, or assault, fraud or a felony against a person in this or any other state. I believe that my facility is in full compliance with RSA 151 and the rules promulgated thereunder. I understand that providing false information shall be grounds for denial, suspension or revocation of a license.

DATE: 8/30/10 SIGNED: *Ted J. Purdy*
(NAME AND TITLE) Ted J. Purdy, Administrator

DATE: 9/7/10 SIGNED: *Bernie C Nelson* Vice Chair
(NAME AND TITLE) S.C.C.

BHFA OFFICE USE ONLY

CHECK NUMBER: _____
APPLICATION COMPLETE: _____

AMOUNT: _____
NOT COMPLETE: _____
(Describe in comments)

CERTIFICATE OF NEED:	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
LOCAL APPROVAL:	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
LSC INSPECTION:	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
LSC PLAN OF CORRECTION:	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
LICENSURE INSPECTION:	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
PLAN OF CORRECTION:	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
DMH/DS RISK:	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>

FEDERAL FACILITY (EXEMPT FROM INSPECTION) YES ☐ NO ☐

LICENSURE CATEGORY:

<input type="checkbox"/> 02	General Hospital	<input type="checkbox"/> 17	Collecting Station
<input type="checkbox"/> 03	Nursing Facility	<input type="checkbox"/> 18	Adult Day Care Provider
<input type="checkbox"/> 04	Residential Care Home Fac	<input type="checkbox"/> 19	Case Management Services
<input type="checkbox"/> 05	Supported Residential Care Fac	<input type="checkbox"/> 21	Equipment Management
<input type="checkbox"/> 06	Outpatient Clinic	<input type="checkbox"/> 22	Homemaker Provider
<input type="checkbox"/> 07	Residential Treatment Rehab Fac	<input type="checkbox"/> 23	Hospice Care Provider
<input type="checkbox"/> 08	Laboratory	<input type="checkbox"/> 24	Hospice - SRCF
<input type="checkbox"/> 09	Home Health Care Provider	<input type="checkbox"/> 25	Special Hospital - Substance Abuse
<input type="checkbox"/> 10	Birth Center	<input type="checkbox"/> 26	Special Hospital - Psychiatric
<input type="checkbox"/> 11	End Stage Renal Dialysis Ctr	<input type="checkbox"/> 27	Special Hospital - Rehabilitation
<input type="checkbox"/> 12	Ambulatory Surgical Facility	<input type="checkbox"/> 28	Freestanding Hosp Emergency Fac
<input type="checkbox"/> 14	Community Residence	<input type="checkbox"/> 29	Hlth Promo, Disease Prev & Screen
<input type="checkbox"/> 15	ICF/DD	<input type="checkbox"/> 30	Acute Psych Rehabilitation Facility
<input type="checkbox"/> 16	Educational Health Center	<input type="checkbox"/> 31	Neurobehavioral RTRF

REVIEWED BY: _____ (NAME & TITLE) _____ (DATE)

ISSUE ANNUAL LICENSE: YES _____ NO _____

LICENSE CERTIFICATE DATES: FROM _____ TO _____

NUMBER OF PATIENTS/STATIONS/BEDS _____

NOTES:

COMMENTS ON CERTIFICATE:

PREVENTION WORKS!

COMMUNITIES UNITED FOR SUBSTANCE ABUSE PREVENTION

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[STRATEGY](#)

[MYTHBUSTERS](#)

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FOR IMMEDIATE RELEASE: Monday, Sept 6, 2010

CONTACT: Liz Hennig (603) 477-5565

lhennig@sullivancountynh.gov

CUFSAP Awarded \$125K Drug-Free Communities Grant!

Communities United for Substance Abuse Prevention (CUFSAP) received news this week that they have been awarded a Drug Free Communities (DFC) grant.

CUFSAP was one of four new awardees in New Hampshire. The grant is for \$125,000 per year for five years. Liz Hennig, Coordinator for the Coalition, gave thanks to everyone who worked on the application. Hennig said that the DFC grant will help sustain the Coalition's efforts to reduce underage alcohol and drug use in Sullivan County.

The White House Office of National Drug Control Policy (ONDCP) directs the Drug Free Communities Support Program in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA). The DFC program provides grants for periods of up to five years to community coalitions that facilitate citizen participation in local youth drug prevention efforts including prescription drug diversion and prevention initiatives and underage drinking programs. Those groups who receive these awards are comprised of community leaders, parents, youth, teachers, religious and fraternal organizations, health care and business professionals, law enforcement, and the media. "Data show that communities receiving DFC funding have seen significant reductions in past 30-day use of alcohol, tobacco, and marijuana among middle and high school students" said Gil Kerlikowske, Director of National Drug Policy in a White House press release announcing the awards.

"Action at the community level—in school rooms, community centers, churches and at kitchen tables—can help drive rates of substance abuse down," said SAMHSA Administrator Pamela S. Hyde, J.D. It is about supporting communities that are bringing people together to create healthy and drug free environments for children.

Hennig said, "This is a big boost to our prevention efforts throughout the County." She expressed the hope that CUFSAP which is a coalition of over twenty-five community and State organizations would become even more effective in the future.

Many individuals and agencies, though aware of the problems, have not felt they have any power to effect change. This has been a major focus of CUFSAP in the past three years and has led to partners coming together to identify problems and find creative ways to begin addressing them. Lack of coordination has been a contributing factor, but it is changing and will be the backbone of efforts to move forward. We will achieve these goals through these strategies for change by 1) helping to ease access to resources, and the ability and opportunity for parents and other community members to use them, 2) helping to put together incentives for making positive choices and disincentives for attitudes supporting of abuse, and 3) helping to develop policy changes that are against youth alcohol and drug abuse.

This is what prevention is all about. "It promotes healthy attitudes and behaviors in a community" Hennig said, in describing CUFSAP's work. Our families are where we first learn about prevention. Hennig continued, "Our youth confront significant consequences related to their substance abuse here in Sullivan County:

- Three of our four school districts have in the past seen higher drop-out rates than the State average,
- One in eight high school youth (12%) report being hit, slapped or physically hurt by a boyfriend or girlfriend (doubles for those who used alcohol 6+ times in the past 30 days),
- One in twenty youths (4.8%) report being forced to have sexual intercourse when they did not want to (triples among those who used alcohol 6+ times in the past 30 days)".

"This is taking place in a context where parents and other adults in the community are failing to make the connection." Hennig cited a July 2009 Youth Risk Behavior Survey (YRBS) where 73% of parents disagree with the statement "It is

OK for youth under 21 to drink at parties as long as they don't drive," but only one in three (35%) strongly agree with the statement, "I am concerned about underage drinking in our community." Hennig is hopeful that results from a recently completed community survey will shed more light on this apparent disconnect.

Communities United for Substance Abuse Prevention (CUFSAP)

With this grant and continuing the work of CUFSAP, there are two goals:

- To build a strong network to support community efforts to prevent and reduce substance abuse among Sullivan County youth
- To increase our community protective factors while, at the same time, reducing our risk factors

Hennig says there are a variety of strategies being implemented to achieve these goals. "We are seeing a growing awareness that there is a problem among our youth, and a growing willingness to engage on the part of parents and other adults in the community. We've improved access to resources and opportunities for community members to engage.

Some of the specific activities that this grant will support include "Health Rocks" which is a way for teens to reach out to middle school youth teaching them how to make positive choices for their lives. Teens will get paid for their time and some adult advisors are needed as well. Training is scheduled to take place Saturday, September 25, 2010 from 8:30 am - 4 pm at the Sugar River Valley Regional Technical School in Newport. In the Spring, UNH Cooperative extension will also be sponsoring "Guiding Good Choices" where parents can learn with other parents in a fun environment about ways to talk with their teens and how to develop tools to keep them on track. Contact UNH Cooperative Extension at 863-9200 to learn more. The grant will also support for a County Theatre Festival that will empower youth to make good choices for their lives. Participants will be working with theater professionals learning to perform on stage and to create positive messages for their peers. Performers Playground will be hosting the first of these on Nov 6th. Contact Shelly Hudson at 543-1296 to learn more.

"We have great examples all around us of parents who have stepped up to the plate and are being the wall of protection for their kids. It doesn't always make them popular but they know one day their kids will thank them. We want parents throughout the County to be the ones drawing the lines for alcohol and drug use for their kids and not letting that line get erased by others on the outside," said Hennig.

"Look, we know the stats: in the last 30 days, 38% of our High School teens were drinking alcohol, 26% were bingeing, 18% used marijuana and 22% were smoking. We also know that if parents will take the lead in teaching their children about the dangers of substance abuse, across the board reductions are significant. It all starts in Middle School. By 6th grade one in six have experimented with alcohol. By 8th grade the number rises to one in two. Talk to your kids by 10 and keep the conversation going throughout their teen years! Parents are the key to prevention efforts! We are moving things in the right direction but we still have a long way to go."

For more information, please see <http://PreventionWorksNH.org>.

Part I**GENERAL FUND BALANCE SHEET - MODIFIED ACCRUAL**As of December 31, 200__ OR June 30, ~~2008~~ 2010

A. ASSETS	Account No. (a)	Beginning of Year (b)	End of Year (c)
1. Current assets			
a. Cash and equivalents	1010	581,925	4,464,206
b. Investments	1030		
c. Taxes receivable (Unincorporated places)	1080		
d. Municipal assessments receivable	1081		
e. Tax liens receivable (Unincorporated places)	1110		
f. Accounts receivable	1150	35,521	304,004
g. Due from other governments	1260		
h. Due from other funds	1310	4,617,949	2,616,481
i. Inventory (current portion)	1410		
j. Prepaid items - <i>Specify</i>	1430		
k. Other current assets - <i>Specify</i>	1700		
TOTAL ASSETS		\$5,235,395	\$ 7,384,691
B. LIABILITIES AND FUND EQUITY			
1. Current liabilities			
a. Accounts payable	2020	630,905	513,499
b. Compensated absences payable	2030		
c. Contracts payable	2060		
d. Due to other governments	2070		
e. Due to other funds	2080		1,560,924
f. Deferred revenue	2220		
g. Notes payable - Current	2230	775,000	
h. Bonds payable - Current	2250		
i. Other payables - <i>Specify</i>	2270		
accrued wages		80,440	
withholdings		49,209	
other		75,990	51,970
TOTAL LIABILITIES		\$ 1,611,544	\$ 2,126,393
2. Fund equity			
a. Reserve for encumbrances	2440		65,000
b. Reserve for special purposes	2480	4,339,464	2,616,481
c. Unreserved fund balance	2530	(715,613)	2,576,817
TOTAL FUND EQUITY		\$ 3,623,851	\$ 5,258,298
3. TOTAL LIABILITIES AND FUND EQUITY		\$ 5,235,395	\$ 7,384,691